2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State **DOCUMENT # 619574** 1. Entity Name KUHN OF WEST FLORIDA, INC. 05-11-2001 90016 023 ***150.00 Principal Place of Business Mailing Address 2220 HIGH POINT DR. 2220 HIGH POINT DR. BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1918525 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUHN, DIXIE L Street Address (P.O. Box Number is Not Acceptable) 2220 HIGH POINT DRIVE **BRANDON FL 33511** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Addition TITLE ☐ Delete NAME NAME KUHN, JAMES STREET ADORESS STREET ADDRESS 2220 HIGH POINT DR. CITY-ST-7IP CITY-ST-ZIP **BRANDON FL** ■ Addition ☐ Delete TITLE Change TITLE KUHN, DIXIE LEE NAME STREET ADDRESS STREET ADDRESS 2220 HIGH POINT DR. CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4/29/01

813 274-7003

☐ Change

☐ Change

Addition

Addition

Daytime Phone #